



Rising Pre-K Summer Transition Program 2016 Registration Form

PROVIDER LEGAL NAME:	(this section to be completed by the provider)
SCHOOL/SITE NAME:	

CHILD INFORMATION		(Please print name as it appears on the birth certificate.)	
LAST NAME:			
FIRST NAME:			
MIDDLE NAME:		NAME SUFFIX:	(Jr, Sr, II, III)
NAME CHILD IS CALLED:			
SOCIAL SECURITY#:	D.O.B. (MM/DD/YY):	SEX: [] M [] F	
HOME ADDRESS:		COUNTY:	
CITY:	STATE: GA	ZIP:	HOME PHONE: ()

Is your child a U.S. citizen? YES [] NO []

If no, has he/she acquired status as a lawfully admitted qualified alien? YES [] NO []

Do you need before and after school care? YES [] NO []

Check any services that your family receives:

- Medicaid []
- Childcare and Parent Services (CAPS) []
- Food Stamps/SNAP []
- Temporary Assistance for Needy Families (TANF) []

PARENT/GUARDIAN INFORMATION		
MOTHER'S LAST NAME:	FIRST:	MIDDLE INITIAL:
HOME ADDRESS (If different from child):		
CITY:	STATE:	ZIP CODE:
HOME PHONE: ()	CELL PHONE: ()	
PLACE OF EMPLOYMENT:	WORK PHONE: ()	
FATHER'S LAST NAME:	FIRST:	MIDDLE INITIAL:
HOME ADDRESS (If different from child):		
CITY:	STATE:	ZIP CODE:
HOME PHONE: ()	CELL PHONE: ()	
PLACE OF EMPLOYMENT:	WORK PHONE: ()	

EMERGENCY CONTACT INFORMATION					(Person to contact in the event that either parent/guardian cannot be contacted)
NAME	RELATIONSHIP	CELL PHONE	ALTERNATE PHONE	EMAIL	
1)					
2)					

I verify that the above information is correct, and I understand that completion of this form does not guarantee placement in the Georgia's Pre-K Summer Program. If my child is placed in the Summer Program, I agree that my child will attend the program for 6.5 hours each day, 5 days a week, for 6 weeks. I understand that failure to comply with these attendance requirements could result in disenrollment. I understand that I must provide all the necessary documentation for my child to be enrolled in the program.

SIGNATURE (Parent/Guardian): _____ DATE: _____

CHILD MAINTENANCE

CHILD'S LIVING ARRANGEMENTS: [] BOTH PARENTS [] MOTHER [] FATHER [] OTHER

CHILD'S LEGAL GUARDIAN: [] BOTH PARENTS [] MOTHER [] FATHER [] OTHER

THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

NAME ADDRESS

CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE):
PHONE: ()

MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):

THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:

MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:

GENERAL RELEASE

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to the Pre-K provider, the Department of Early Care and Learning (DECAL), and certain agencies or entities contracted by the Pre-K provider or DECAL, including but not limited to the Georgia Department of Education and colleges/universities.

SIGNATURE (Parent/Guardian): _____

DATE: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL), and certain agencies or entities contracted by the Pre-K provider or DECAL, including but not limited to the Georgia Department of Education and colleges/universities, to record the participation and appearance of my child, _____, by photograph and/or videotape in connection with daily Pre-K activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's website.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

PRE-K PROVIDER NAME/ADDRESS: _____

SIGNATURE (Parent/Guardian): _____

DATE: _____

Study RELEASE

The Department of Early Care and Learning (DECAL) will be conducting an evaluation to gauge the impact of the Pre-K Summer Transition Program. As part of this study, researchers from DECAL may conduct child assessments with a small number of children participating in the program. All assessments are appropriate for this age group and include game-like activities that require children to use language, math and general skills. All data is completely confidential, and no child will be named or identified in any reporting. If your child is selected, DECAL will send home additional information that explains each evaluation activity.

I hereby grant permission for my child to participate in the evaluation conducted by the Department of Early Care and Learning related to the Pre-K Summer Transition Program. I understand that any data collected is for evaluation purposes only and at no time will my child be individually identified.

SIGNATURE (Parent/Guardian): _____

DATE: _____